

STATE OF KANSAS - CORPORATION COMMISSION  
 PRODUCTION TEST & GOR REPORT

15-007-21695-0000

Form C-5 Revised

Conservation Division

TYPE TEST: Initial Annual Workover Reclassification TEST DATE: 3-15-84

Company Oil Well Operating Inc Lease Vogel Well No. 1

County Barber Location 330W 33N SE14 Section 30 Township 33 Range 10 Acres 10

Field Gamea CANEMA ext? Reservoir MISS Pipeline Connection Gelly

Completion Date 1-20-84 Type Completion (Describe) 4724 Plug Back T.D. 4724 Packer Set At

Production Method: Flowing Type Fluid Production Pumping API Gravity of Liquid/Oil

Casing Size 4 1/2 Weight 4750 I.D. 4605-28 Set At Perforations To

Tubing Size 2 3/8 Weight 4660 I.D. 4660 Set At Perforations To

Pretest: Starting Date 3-15-84 Time 9:00 Ending Date 3-16-84 Time 9:00 Duration Hrs. 24

Test: Starting Date 3-15-84 Time 9:00 Ending Date 3-16-84 Time 9:00 Duration Hrs. 24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure		Separator Pressure			Choke Size				
Casing:	Tubing:								
Bbls./In.	Tank	Starting Gauge			Ending Gauge		Net Prod. Bbls.		
1, 1/2	Size Number	Feet	Inches	Barrels	Feet	Inches	Barrels	Water	Oil
Pretest:									
Test:	210	32856	4	11	5	10		56	13
Test:									

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections			Orifice Meter Range					
Pipe Taps:	Flange Taps:	Differential:	Static Pressure:					
Measuring Device	Run-Prover-Tester Size	Orifice Size	Meter-Prover-Tester Pressure		Diff. Press.	Gravity	Flowing	
			In. Water	In. Merc.	Psig or (Pd)	(hw) or (hd)	Gas (Gg)	Temp. (t)
Orifice Meter								
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coëff. (Fb)	MCFD (Fp)	Meter-Prover Press. (Psia)	Extension (Pm)	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)			
(Fb)	(Fp)	(OWTC)	Press. (Psia)	(Pm)	√hw x Pm	Factor (Fg)	Factor (Ft)	Factor (Fp)	Factor (Fv)	Factor (Fd)

Gas Prod. MCFD 13 Oil Prod. Bbls./Day 13 Gas/Oil Ratio (GOR) = 1 Cubic Ft. per Bbl.

The undersigned authority, on behalf of the Company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this the 16 day of 3 19 84

RECEIVED  
 STATE CORPORATION COMMISSION

For Offset Operator

For State

For Company

MAR 19 1984